**Spirituality/Religion:**

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think your sickness does? How does it work?
5. How severe is your sickness? Will it have a short or long course?
6. What kind of treatment do you think you should receive?
7. What are the most important results you hope to receive from this treatment?
8. What are the chief problems the sickness has caused?
9. What do you fear most about the sickness?

**Family Violence:**

Just Ask

* + Even if denied, victim will often appreciate being asked and remember, making you/your office a potential safe place for future help
* Simple, direct and neutral/gentle questioning best
* Ask when patient alone
* No set way, focus first on doing no harm
* Many find scripts helpful: Partner Violence Scale
  + Have you been hit, kicked,punched, or otherwise hurt by someone within the past year?
  + Doyou feel safe in your current relationship now?
  + Is there apartner from a previous relationship who is making you feelunsafe now?
* "We know that violence athome is a problem for many people, is there anyone who is hurtingyou in some way?”

Sample Interview Questions

* Have you ever been physically, mentally or sexually abused?
* Have you ever been in a relationship in which you have been physically hurt or threatened?
* Have you ever been forced to have sex when you said, "no”?
* Do you ever feel afraid of your partner?
* What happens when you and your partner disagree?
* Does your partner keep you from seeing friends, working, or handling the money?
* For teens, can use indirect methods of asking
  + Ask if have a friend or know of someone who was hurt by a partner
  + Often easier way of getting to the subject for the teen

Once identified, ask about:

* + Presence of children (Is reportable in many locations)
  + Is violence escalating?
  + Are there weapons in the house?

**Depression:**

“Over the past two weeks, have you felt down, depressed or hopeless?”

“Over the past two weeks, have you felt little interest or pleasure in doing things?”

A positive answer to one or both of these two questions 83-87% sensitive and specific

“Are you depressed?” 🡪Used in Geriatric settings

Approximately 70% sensitive/specific

Indications for Screening:

1. First degree relative with depression
2. 2+ Chronic diseases
3. Obesity
4. Chronic pain
5. Financial Strain
6. Major Life Changes
7. Pregnancy/postpartum
8. Multiple vague symptoms
9. Fatigue/sleep disturbance
10. Substance abuse
11. Elderly

YOU MUST ASSESS SUICIDALITY: 70% of suicide victims see their doctor in the 2 months prior to committing suicide

* + Initially ask if they feel “they would be better off dead”
  + Suicidal ideation, intent or plan
  + Means and lethality
  + Psychotic symptoms, especially command hallucinations
  + Alcohol or substance abuse
  + History of previous attempts
  + Asking does NOT implant thoughts

**Substance Abuse:**

* Most practices start with quantifying the amount a patient drinks
* Ask “how much” not “do you”
* Follow up on vague answers
* Patients won’t correct you up, but they will correct you down
* Patients may underestimate use by half
* Have you ever felt you should *cut down* on your drinking?
* Have people *annoyed* you by criticizing your drinking?
* Have you ever felt bad or *guilty* about your drinking?
* Have you ever had a drink first thing in the morning (*eye opener*) to steady your nerves or to get rid of a hangover?

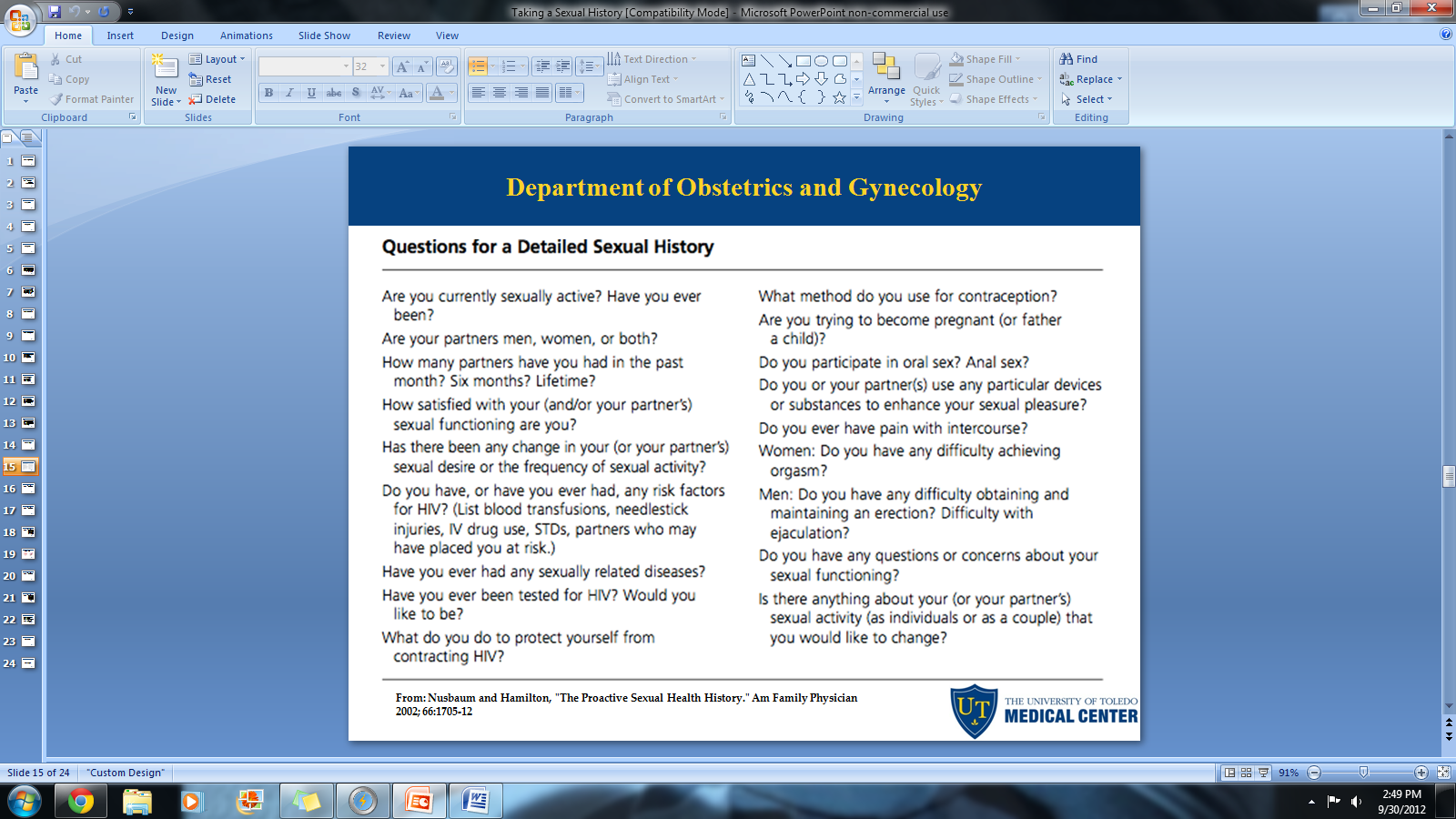
**Sexual History:**

When to Ask

1. Related symptoms: Expand or clarify
2. Ob/Gyn history
3. Health maintenance
4. Social history
5. Review of systems

How to Ask

1. Use a transition
2. Establish confidentiality
3. Be clear with medical terminology
4. Avoid judgment
5. Do not assume
6. Acknowledge uncomfortable feelings
7. Eye contact, nodding
   * “In order to take excellent care of you, I need to ask you some personal questions.”
   * “I ask all of my patients these same questions.”
   * “I realize it feels awkward to talk about these things.”



**Limited-English Proficiency:**

1. Arrange seating so interpreter is “in the background”
2. Guide interpreter in his/her role
3. Make eye contact with patient
4. Use first person
5. Speak directly to patient
6. Use short sentences
7. Ask one question at a time
8. Avoid slang / technical jargon
9. Correct interpreter when needed / gently remind him/her of role
10. Avoid side conversations with interpreter